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Local Codes

SP1F87GS6BNX

New York State Department of Motor Vehicles  
**POLICE ACCIDENT REPORT**  
 MV-104A (5/22)

☒ **AMENDED REPORT**

1 Accident Date Month 05 Day 27 Year 2023		Day of Week SATURD		Military Time 11:15		No. of Vehicles 2		No. Injured 0		No. Killed 0		Not Investigated at Scene <input type="checkbox"/>		Left Scene <input type="checkbox"/>		Police Photos <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2 VEHICLE 1 <input checked="" type="checkbox"/> VEHICLE 2 <input type="checkbox"/> BICYCLIST <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER PEDESTRIAN																	
3 VEHICLE 1 - Driver License ID Number [REDACTED] State of Lic. NY Driver Name - exactly as printed on license TANTILLO, SALVATORE Address (Include Number & Street) 103 AUSLANDER RD Apt. No. City or Town ROSCOE State NY Zip Code 127760000																	
4 VEHICLE 2 - Driver License ID Number [REDACTED] State of Lic. CT Driver Name - exactly as printed on license LYNCH, SUSAN E Address (Include Number & Street) 8 BAYBERRY LN Apt. No. City or Town GREENWICH State CT Zip Code 068310000																	
5 Date of Birth Sex Unlicensed No of Occupants Public Property Damaged Month Day Year M <input type="checkbox"/> 1 <input type="checkbox"/> [REDACTED] F <input type="checkbox"/> 1 <input type="checkbox"/> [REDACTED]																	
6 Name - exactly as printed on registration Sex Date of Birth STIRTON, CATHERINE Sex F [REDACTED] Address (Include Number & Street) 103 AUSLANDER RD Apt. No. Haz. Mat. Code Released City or Town ROSCOE State NY Zip Code 12776																	
7 Name - exactly as printed on registration Sex Date of Birth LYNCH, SUSAN E Sex F [REDACTED] Address (Include Number & Street) 8 BAYBERRY LN Apt. No. Haz. Mat. Code Released City or Town GREENWICH State CT Zip Code 068310000																	
8 Plate Number State of Reg. Vehicle Year & Make Vehicle Type Ins. Code HBR8406 NY 2015 RAM PICK 328 S65UVE CT 2014 JAGU 2DSD 989																	
9 Ticket/Arrest Number(s) Violation Section(s)																	
10 Check if involved vehicle is: <input type="checkbox"/> more than 95 inches wide; <input type="checkbox"/> more than 34 feet long; <input type="checkbox"/> operated with an overweight permit; <input type="checkbox"/> operated with an overdimension permit.																	
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12 Circle the diagram below that describes the accident, or draw your own diagram in space #9. Number the vehicles.																	
13 VEHICLE 1 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage 7 8 5 6 Enter up to three more Damage Codes 3 4 5																	
14 VEHICLE 2 DAMAGE CODES Box 1 - Point of Impact 1 2 Box 2 - Most Damage 3 4 5 Enter up to three more Damage Codes 3 4 5																	
15 ACCIDENT DIAGRAM See the second page for the accident diagram																	
16 VEHICLE DAMAGE CODING: 1-13. SEE DIAGRAM ON RIGHT. 14. UNDERCARRIAGE 17. DEMOLISHED 15. TRAILER 18. NO DAMAGE 16. OVERTURNED 19. OTHER																	
17 Cost of repairs to any one vehicle will be more than \$1000. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
18 Reference Marker Coordinates (if available) Latitude/Northing: 507429 Longitude/Easting: 4642144																	
19 Place Where Accident Occurred: County SULL <input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of ROCKLAND, TOWN OF Road on which accident occurred OLD ROUTE 17 (Route Number or Street Name) at 1) intersecting street (Route Number or Street Name) or 2) 10 <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W of OLD ROUTE 17 (Milepost, Nearest intersecting Route Number or Street Name)																	
20 Accident Description/Officer's Notes OP-V1 STATES WHILE BACKING IN THE SUNOCO PARKING LOT HE FAILED TO OBSERVED PARKED V-2 AND SUBSEQUENTLY STRUCK V-2 WITH THE REAR PORTION OF V-1. BOTH VEHICLES DRIVEN FROM SCENE.																	
21 ALL INVOLVED																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
USE COVER SHEET																	
N																	
8 9 10 11 12 13 14 15 16 17 BY TO 18 Names of all involved Date of Death Only																	
A 01 I 4 I 59 M - - - TANTILLO, SALVATORE																	
B 02 I 4 I 82 F - - - LYNCH, SUSAN E																	
C																	
D																	
E																	
F																	
Officer's Rank and Signature TPR B. Smith Print Name in Full BRANDON D SMITH Badge/ID No. 4230 NCIC No. 15201 Precinct/Post Troop/Zone F1 Station/Beat/Sector 15 Reviewing Officer SAVOIA, CATHERI Date/Time Reviewed 05/28/2023 19:46																	

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11	ALL INVOLVED <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12</th> <th>13</th> <th>14</th> <th>15</th> <th>16</th> <th>17</th> <th>BY</th> <th>TO</th> <th>18</th> <th>Names of all involved</th> <th>Date of Death Only</th> </tr> </thead> <tbody> <tr><td>A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>B</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>D</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>E</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>F</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>											8	9	10	11	12	13	14	15	16	17	BY	TO	18	Names of all involved	Date of Death Only	A																B																C																D																E																F																30
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